



FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000092214			
1. Entity Name MARY ANN LITTLE, INC.			
Principal Place of Business 104 MEDICAL CENTER AVE SEBRING, FL 33870 US		Mailing Address 104 MEDICAL CENTER AVE SEBRING, FL 33870 US	
DO NOT WRITE IN THIS SPACE			
		01202008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-1251523	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
LITTLE, MARY ANN 104 MEDICAL CENTER AVE SEBRING, FL 33870		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PT LITTLE, MARY ANN 104 MEDICAL CENTER AVE SEBRING, FL 33870	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Mary Ann Little</u>		Date <u>4-30-08</u> Daytime Phone # <u>(863) 34-0622</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			